

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD, SYSTEM AND COMPUTER PROGRAM PRODUCT FOR TRANSMITTING A MEDIA STREAM BETWEEN CLIENT TERMINALS
Attorney Docket Number::	1501-1295
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: PETER  
Middle Name::  
Family Name:: PARNES  
Name Suffix::  
City of Residence:: LULEA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing GRANITSTIGEN 12  
Address::  
City of Mailing Address:: LULEA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-977 54

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: MIKAEL  
Middle Name::  
Family Name:: PERSSON  
Name Suffix::  
City of Residence:: LULEA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing DOCENTVAGEN 117  
Address::  
City of Mailing Address:: LULEA

State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-977 52

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: CLAES  
Middle Name::  
Family Name:: AGREN  
Name Suffix::  
City of Residence:: LULEA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing RUTVIKSREVELN 128  
Address::  
City of Mailing Address:: LULEA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-975 96

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE03/01363	9/3/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0202638-3	9/6/02	Yes

**Assignment Information**

Assignee Name:: MARRATECH AB  
Street of Mailing BOX 1036  
Address::  
City of Mailing Address:: KISTA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: S-164 21